

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	1/31/01
FORMALITY REVIEW	1170	254	2/20/01
RESPONSE FORMALITY REVIEW	12	35947	06/01/01

# INDEX OF CLAIMS

Best Available Copy

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

9/751078

Claim	Final	Original	Date
1	✓	✓	1/31/01
2	✓	✓	1/31/01
3	✓	✓	1/31/01
4	✓	✓	1/31/01
5	✓	✓	1/31/01
6	✓	✓	1/31/01
7	✓	✓	1/31/01
8	✓	✓	1/31/01
9	✓	✓	1/31/01
10	✓	✓	1/31/01
11	✓	✓	1/31/01
12	✓	✓	1/31/01
13	✓	✓	1/31/01
14	✓	✓	1/31/01
15	✓	✓	1/31/01
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25	✓	✓	1/31/01
26	✓	✓	1/31/01
27	✓	✓	1/31/01
28	✓	✓	1/31/01
29	✓	✓	1/31/01
30	✓	✓	1/31/01
31	✓	✓	1/31/01
32	✓	✓	1/31/01
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43	✓	✓	1/31/01
44	✓	✓	1/31/01
45	✓	✓	1/31/01
46	✓	✓	1/31/01
47	✓	✓	1/31/01
48	✓	✓	1/31/01
49	✓	✓	1/31/01
50	✓	✓	1/31/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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